

ENERGYTOUCH® SCHOOL OF ADVANCED HEALING

P.O. Box 158, Lowell, MI 49331 - PHONE: 616-233-3001 - EMAIL: INFO@ENERGYTOUCHSCHOOL.COM

2026 Year-Three

Student Enrollment Form for Year-Three of the 3YR Certification Program

To ensure the timely processing of your continued enrollment, please type or print, answer all questions, and submit copies and photos as requested.

There is no ENROLLMENT FEE for Year-Three.

DEC 15, 2025 - Full Payment Discount Due Date

MAR 1, 2026 - First Scheduled Payment Due Date

Schedule - Year-Three

Wk 1	MAY 04-08
Wk 2	JUL 20-24
Wk 3	SEP 21-25
Wk 4	NOV 09-13

Name: _____ Birth: ____/____/____
FIRST MIDDLE LAST MONTH DAY YEAR

Address: _____
STREET CITY STATE/PROV CODE

Telephone (include Area Code or Country/City Codes as applicable)

(HOME) _____

(CELL) _____

(WORK) _____

Email: _____

Anatomy & Physiology Course Complete? ☐ YES ☐ NOT YET

If not yet, expect date of completion: _____

Relationship Status

☐ Single ☐ Married ☐ Significant Relationship

Children?: _____

Emergency Contact

Name: _____

Phone: _____

Include Area Code or Country/City Codes as applicable

Anatomy & Physiology Requirement: A general understanding of Anatomy & Physiology is required prior to advancement. College level, on-line courses, etc., are acceptable. Have you taken an Anatomy & Physiology course? ☐ YES ☐ No

Health Status: Please list any new health issues that you are receiving treatment for. **If your information has NOT changed write SAME.**

Medications & Conditions: Please list any medications that you are currently taking and for what condition they are being taken.

Submit this original signed copy of this application and retain a copy for your records.

**Include with this enrollment form
a personal photo taken within the past 6 months.**

My signature indicates that the information submitted in this application is true and accurate.

Applicant's Signature: _____ Date _____

You will be acceptance into the EnergyTouch® Certification program unless advised otherwise via postal mail. You may also request a packet with logistics information including current accommodation locations.

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Therapy and Self-Care Requirement

EnergyTouch® training is a time of intense energy transition and learning. This therapy and self-care requirement is designed to insure that each student is making a conscious effort to address the additional challenges that often develop during the course of this training, and to facilitate a healthy balance of mental, emotional, and physical health during these times.

1. Professional EnergyTouch® Therapy

Ongoing participation in the EnergyTouch® School of Advanced Healing requires students to complete one (1) Professional EnergyTouch® Therapy session per month with an authorized EnergyTouch® Practitioner. These sessions cost \$100 each. The purpose of these monthly EnergyTouch® sessions is to provide a safe setting where students can privately address issues and challenges that arise in the process of their growth.

2. Personal Self-Care

In addition to the Professional EnergyTouch® Therapy session, students are required to focus their attention on their unique physical needs to facilitate a healthy balance of mental, emotional, and physical health during these times of energy transition. Since students may have different needs at different times the self-care requirement could include any other form of self-care such as body work, exercise, yoga, martial arts, nutrition, etc.

Satisfactory compliance with the Professional EnergyTouch Therapy and Personal Self-care requirement is required to advance in the EnergyTouch® program.

Please Print Your Name

Date

Signature

Non Disclosure and Dissemination Agreement

I am participating in an EnergyTouch® program or programs which includes but is not limited to the Dolphin Breath® Workshop, EnergyTouch® Basics, EnergyTouch® School of Advanced Healing (ETSAH™) (hereinafter called the School) classes and other related activities (herein collectively called the Teachings) offered by EnergyTouch®, Inc.

As a student of the EnergyTouch® School of Advanced Healing I understand and agree that all written, spoken or other materials including artworks which may be presented during the Teachings are the property of EnergyTouch, Inc., and that any videotaping, photographing or copying by any means known either now or in the future of any portion of the Teachings is prohibited by law and protected by copyright. I further agree to not duplicate, disseminate, teach, or freely share in any way, the materials or Teachings of ETSAH™ without the written permission of EnergyTouch®, Inc.

By signing below I am indicating that I have read, understand and agree to abide by the requirements of this document and that I am over 18 years of age. (Participants must be 18 years of age or older)

Please Print Your Name

Date

Signature

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Tuition Payment Agreement-Please check the appropriate box

Make checks or money order payable to: **EnergyTouch, Inc**
Mail to: **EnergyTouch, PO Box 158, Lowell, MI, 49331-0158**

☐ **\$5,200. Payment in Full** - A discount of **\$500** is offered if your **\$5,500** payment is received by **December 15, 2025**.
or

☐ **\$5,700. Scheduled Payment Plan** - If you are unable to make payment in full, we offer the following interest-free scheduled payment agreement. Payments may be made by Check or Money Order (payable to EnergyTouch, Inc.), or by Credit Card using PayPal. To accept the scheduled payment plan, please print and sign your name with today's date below.

I understand that by signing below and returning this enrollment form, I am agreeing to the payment schedule below, which will come into effect upon my acceptance to the EnergyTouch School of Advanced Healing:

Tuition is \$5,700. Scheduled payments are due as follows:

MAR 1, 2026	\$ 900	AUG 1, 2026	\$ 600
APR 1, 2026	\$ 600	SEP 1, 2026	\$ 600
MAY 1, 2026	\$ 600	OCT 1, 2026	\$ 600
JUN 1, 2026	\$ 600	NOV 1, 2026	\$ 600
JUL 1, 2026	\$ 600		

Print your name _____

Signature _____

Date _____

Tuition Payments

After your enrollment form has been accepted we will begin emailing PayPal digital invoices for tuition payments. These will be sent approximately one week prior to their due dates. Please be sure to include your email address below for these invoices. You may pay by check or money order. Please make your payments payable to: **EnergyTouch, Inc.** and mail them to:

EnergyTouch, Inc.
PO Box 158
Lowell, MI 49331

If you choose you may pay using a Credit Card.

For security reasons we do not accept or store printed credit card information. Please use the PayPal invoice you receive via email. You do not need to have a PayPal account to pay our invoices with a credit card.

Email: _____